

SCIENTIFIC RESEARCH MONITORING ON COVID-19

8 AUGUST 2020

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SCIENTIFIC RESEARCH MONITORING ON COVID-19

(ISSUE188)

Abu Dhabi Public Health Center (ADPHC) is gathering the latest scientific research updates and trends on coronavirus disease (COVID-19) in a daily report. The report provides summaries on breakthrough or updated research on COVID-19 to allow health care professionals and public health professionals get easy and fast access to information.

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Research
Update



WHO
Report



Statistics



Articles
Summary

Note : All articles presented in this report represent the authors' views and not necessarily represents Abu Dhabi Public Health Center views or directions. Due the nature of daily posting , some minor language errors are expected.

For further inquiries you may communicate with us as PHP@adphc.gov.ae

RESEARCH UPDATES

The views and opinions expressed in this report are those of the authors and do not reflect the official policy or position of the Abu Dhabi Public Health Center (ADPHC).

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Transmission

Transmission of SARS-CoV-2 in Australian Educational Settings: A Prospective Cohort Study

Public Health Response

Why Vaccine Rumours Stick - and Getting Them Unstuck

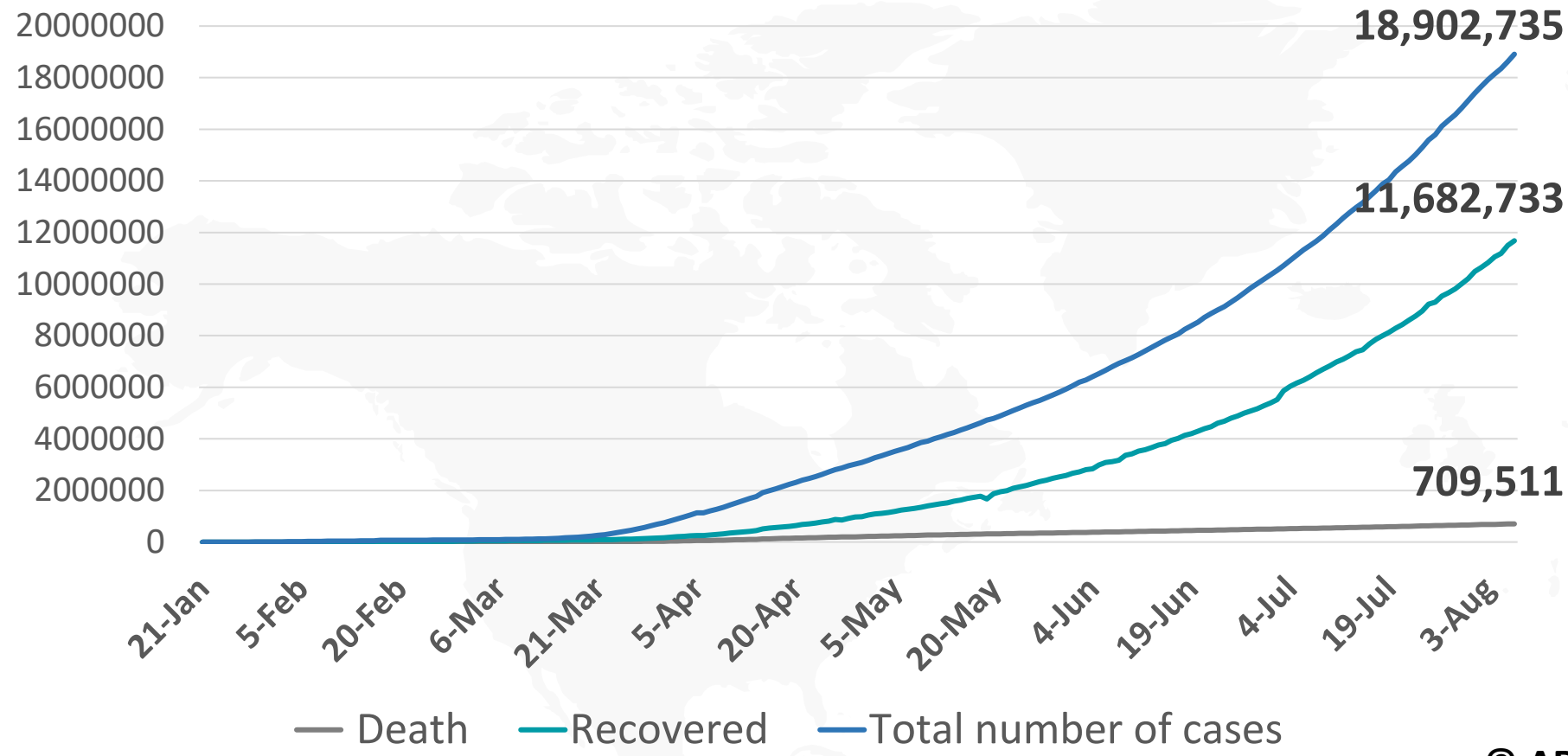




- As the continent nears one million cases, WHO is increasing COVID-19 support to hotspot countries in Africa. Altogether more than 40 public health experts are expected to provide surge support, working with national and provincial counterparts on key areas of the response.
- WHO has published a scientific brief on how this form of surveillance is being used in the context of the ongoing COVID-19 pandemic. Developing a vaccine against COVID-19 is one of the most pressing challenges of our time. WHO has published two new documents on the COVID-19 Vaccines Global Access Facility. One outlines global procurement for COVID-19 vaccines, and the other focuses on ensuring accelerated vaccine development and manufacturing.
- the WHO provided a summary of the 4th meeting of the IHR Emergency Committee for COVID-19. The **Committee noted the anticipated lengthy duration of the COVID-19 pandemic**, and the importance of sustained community, national, regional, and global response efforts.
- The areas for WHO advice and the Temporary Recommendations are as follows:
 - Learning and sharing good practices on pandemic response
 - Coordination, political commitment and solidarity to support global response
 - **Sustained evidence-based response for the long-run to reduce risk of response fatigue**
 - Surveillance, testing and contact tracing
 - Research on the virus and the effectiveness of response measures
 - Risk communication, community engagement and management of infodemics
 - Vaccines and therapeutics
 - International travel
 - Essential health services
- The Emergency Committee will be **reconvened within three months or earlier**, at the discretion of the Director-General.
- The [Statement](#) on the fourth meeting provides further details on proceedings and advice provided by the Emergency Committee.



Figure 1: Total Number of Infected, Recovered, and Death Cases



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Figure 3: Total Number of Death Due to COVID-19 (china and result of the world)

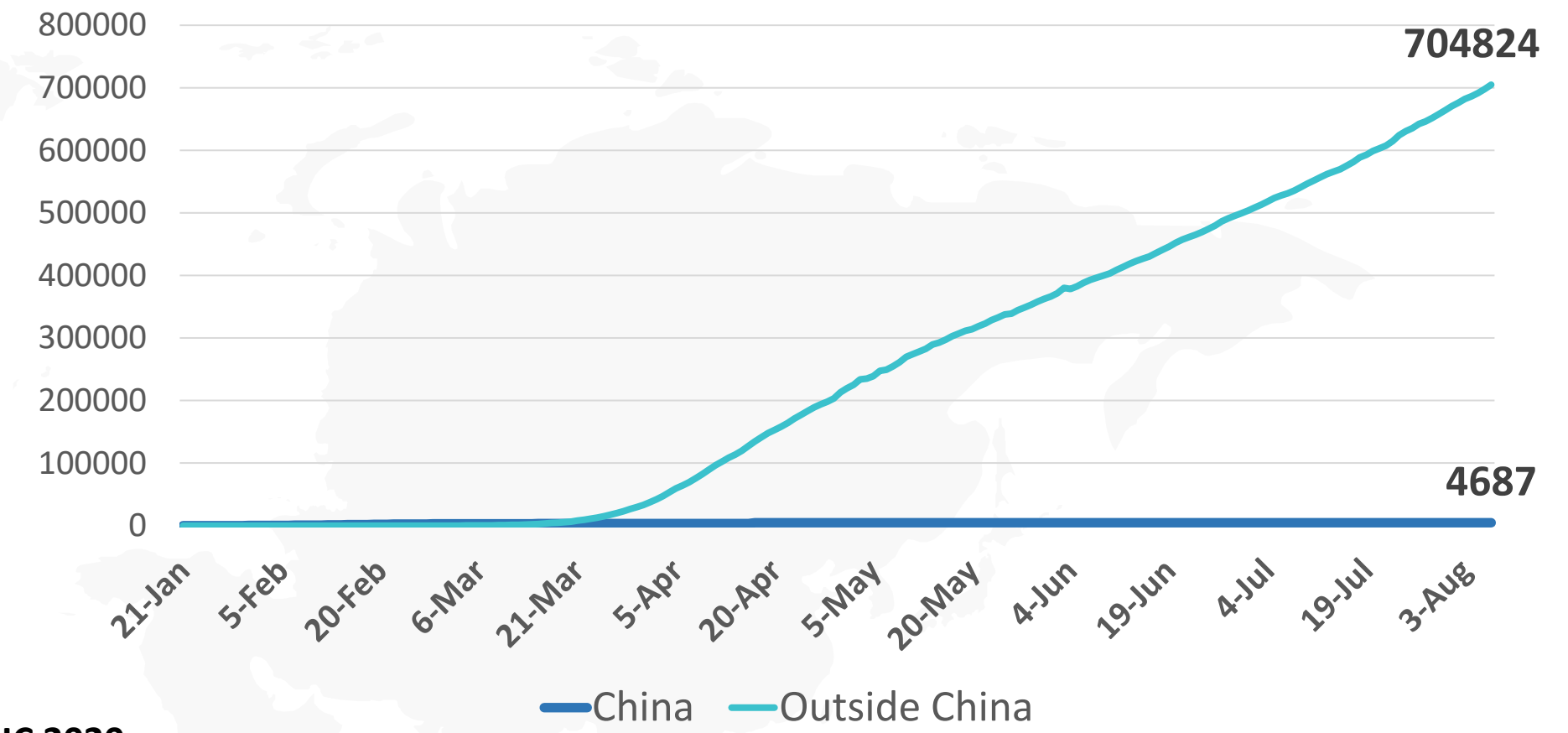


Figure 2: Daily New Infected COVID-19 Cases (China and rest of the world)

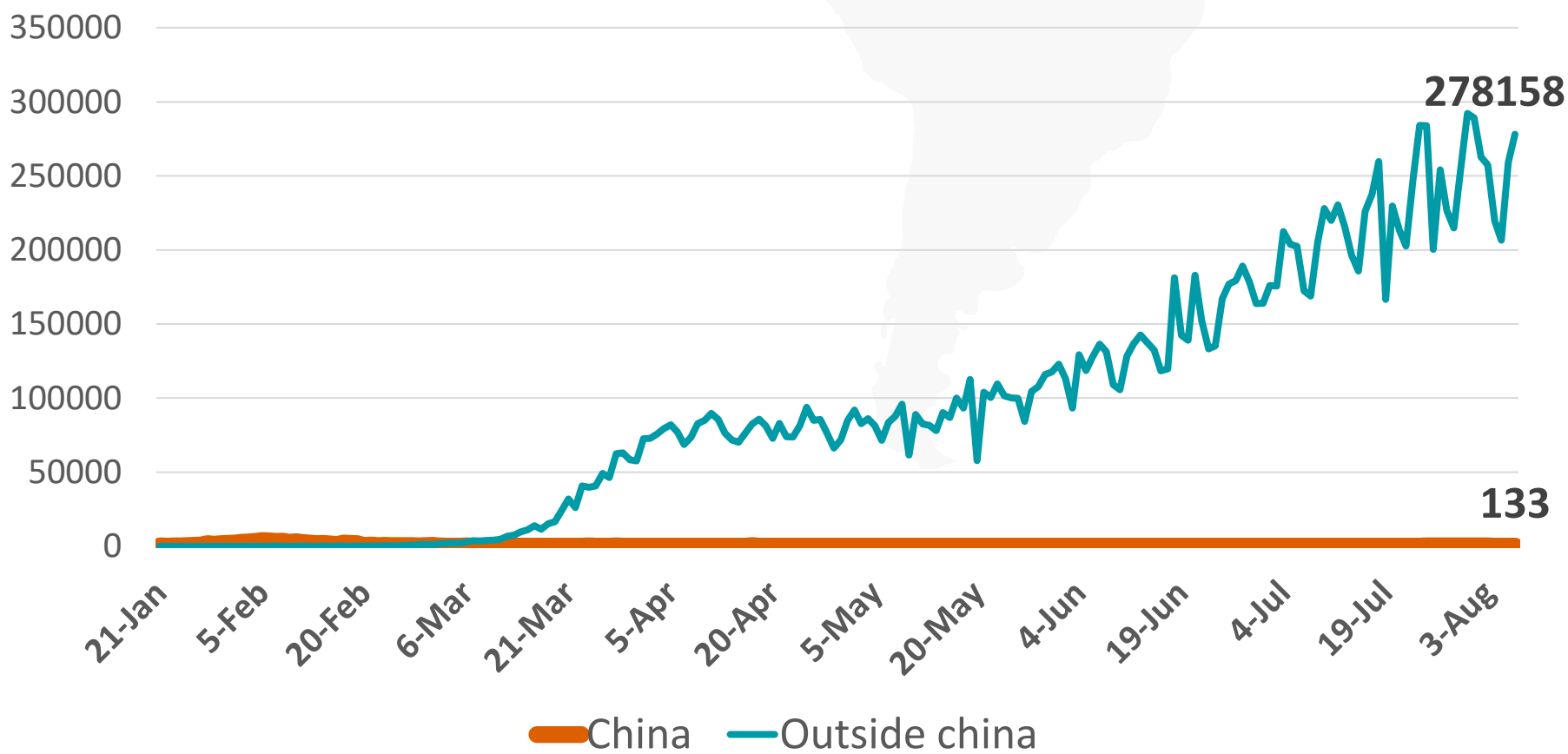


Figure 4: Global Daily New Deaths Due to COVID-19 (china and rest of the world)

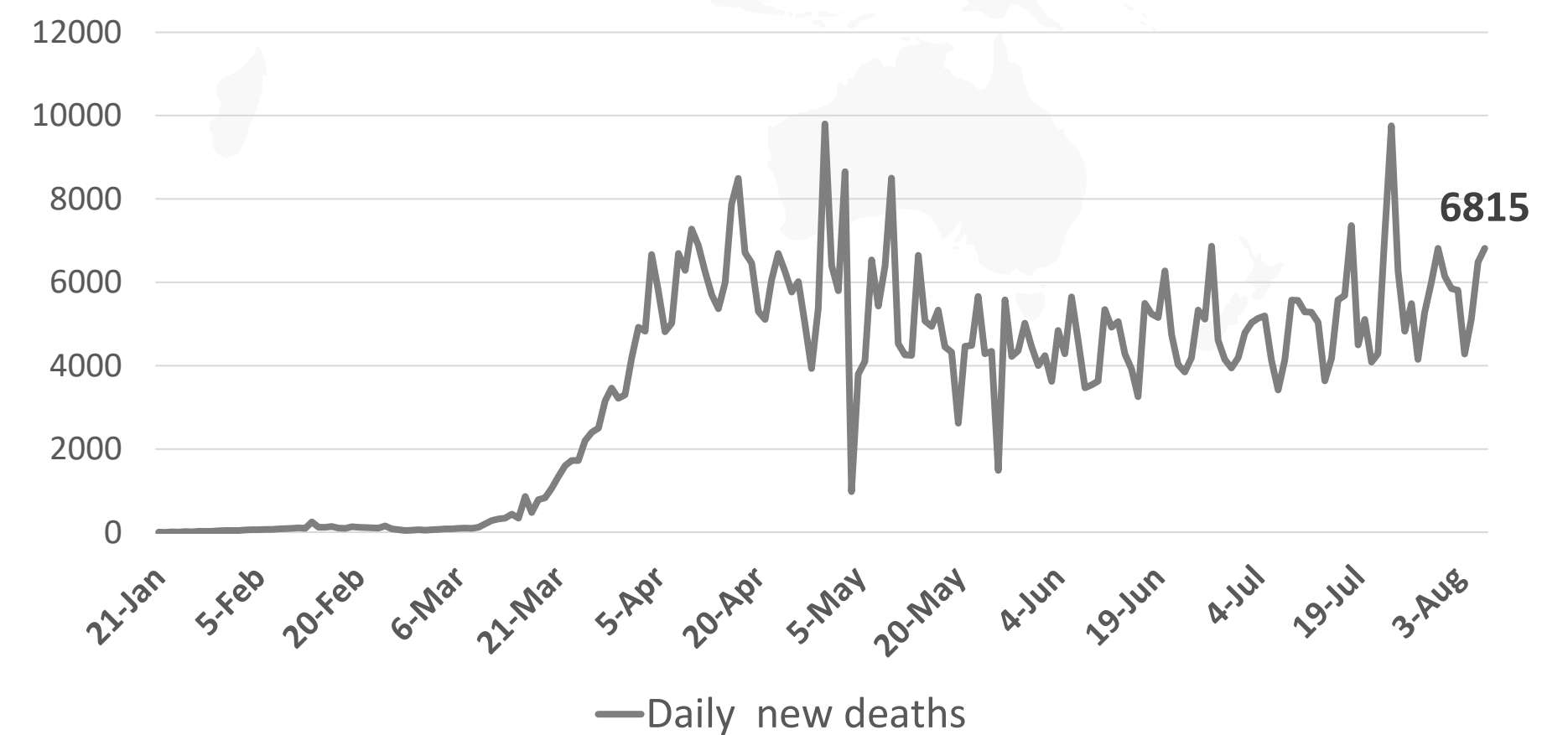
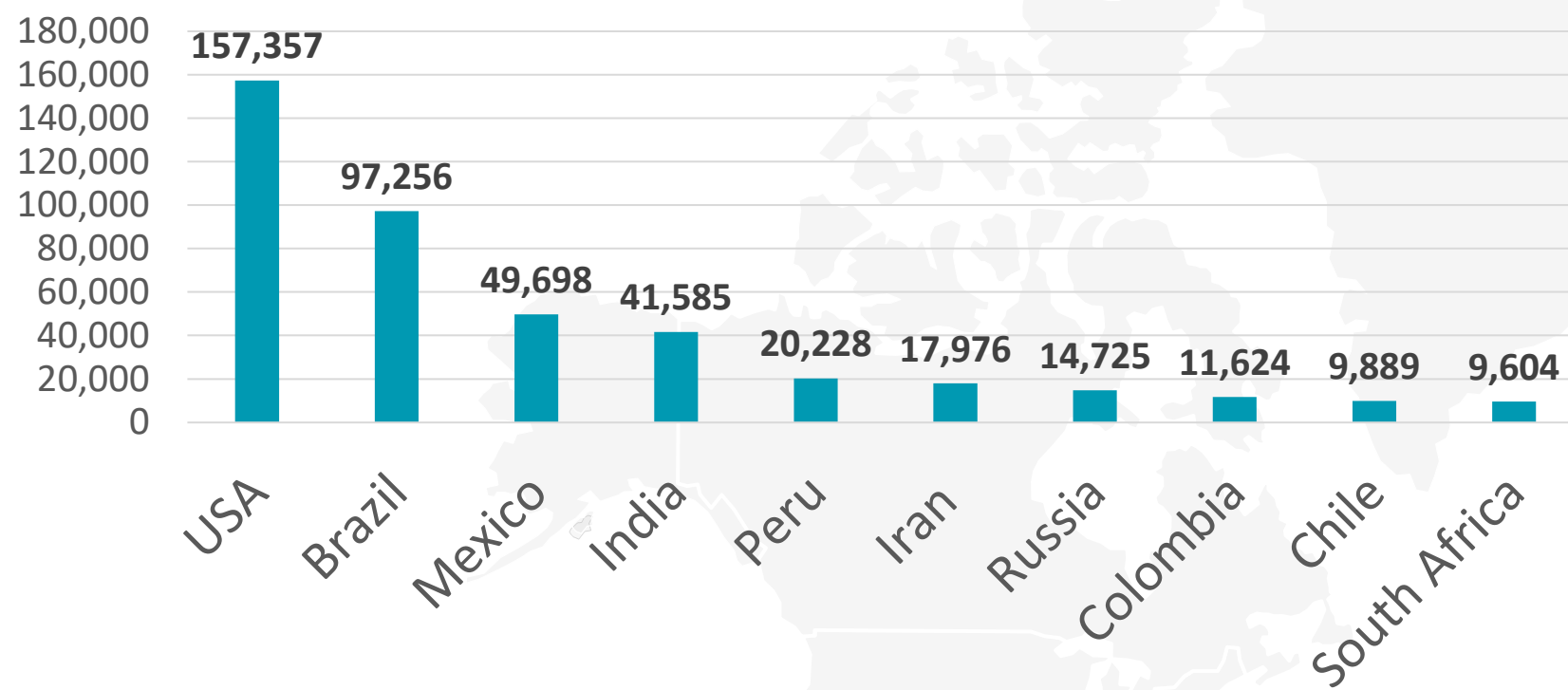
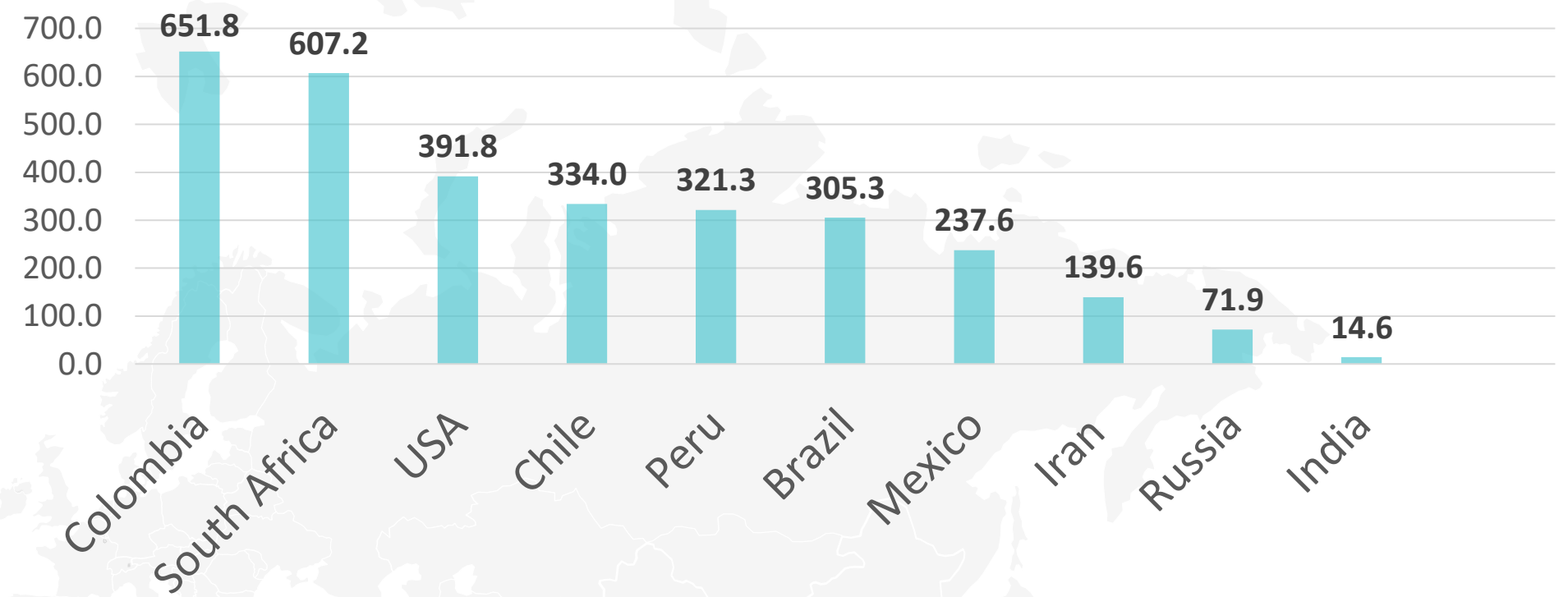


Figure 5: Top 10 Countries in the Total Number of Cases Due to COVID-19

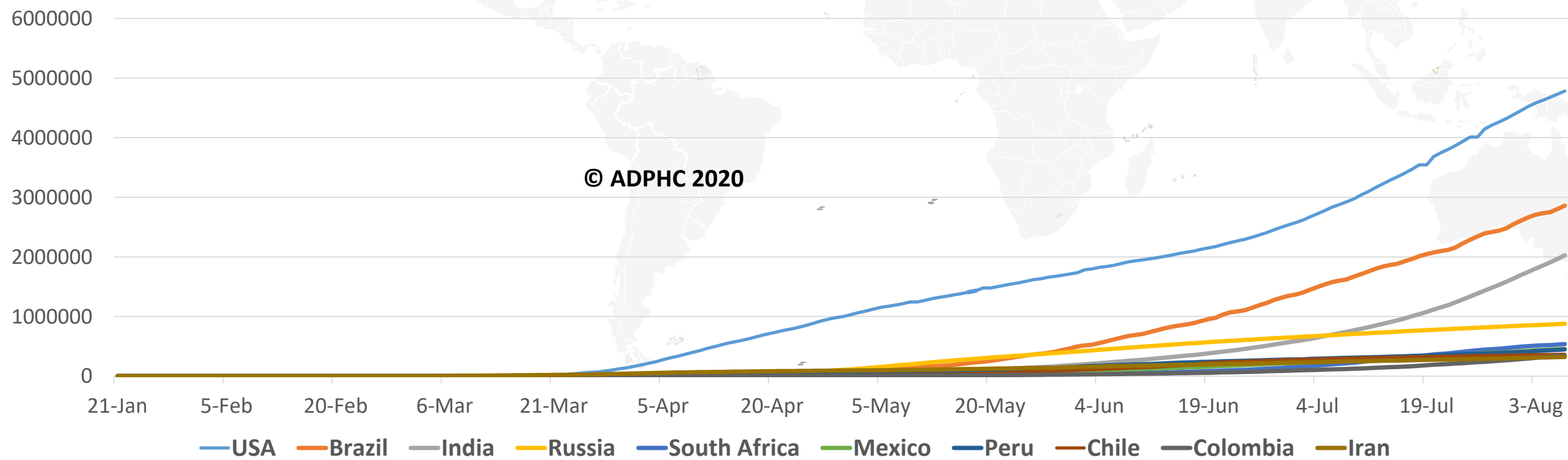
TOTAL DEATHS



DEATHS PER MILLION

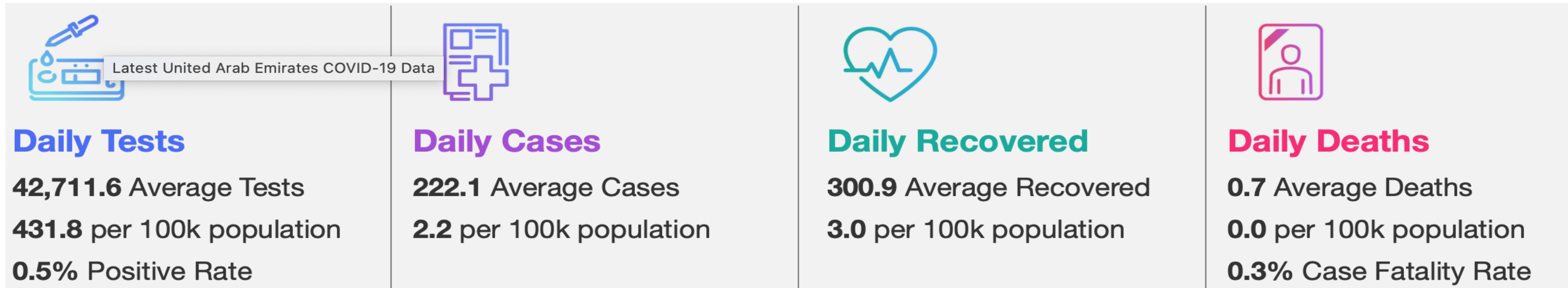


TOTAL INFECTED CASES



USA	4,781,612
Brazil	2,859,073
India	2,027,074
Russia	877,135
South Africa	538,184
Mexico	456,100
Peru	447,624
Chile	366,671
Colombia	345,714
Iran	320,117

Figure 6: COVID-19 Status in the UAE (Federal Competitiveness and Statistics Authority Dashboard)



TOTAL NUMBER OF INFECTED AND RECOVERED CASES DUE TO COVID-19 REPORTED BY THE UAE

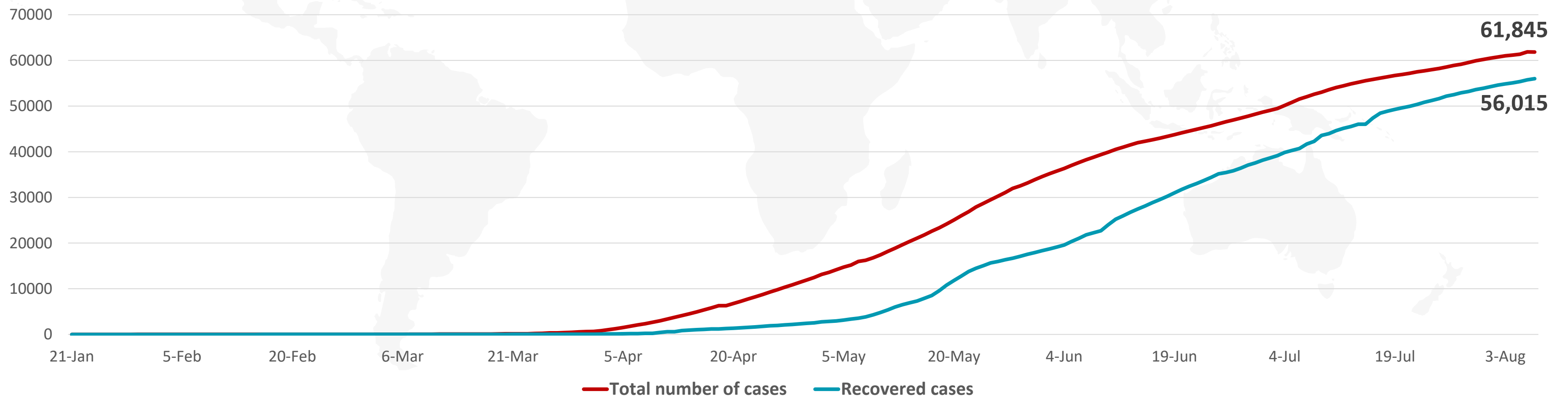
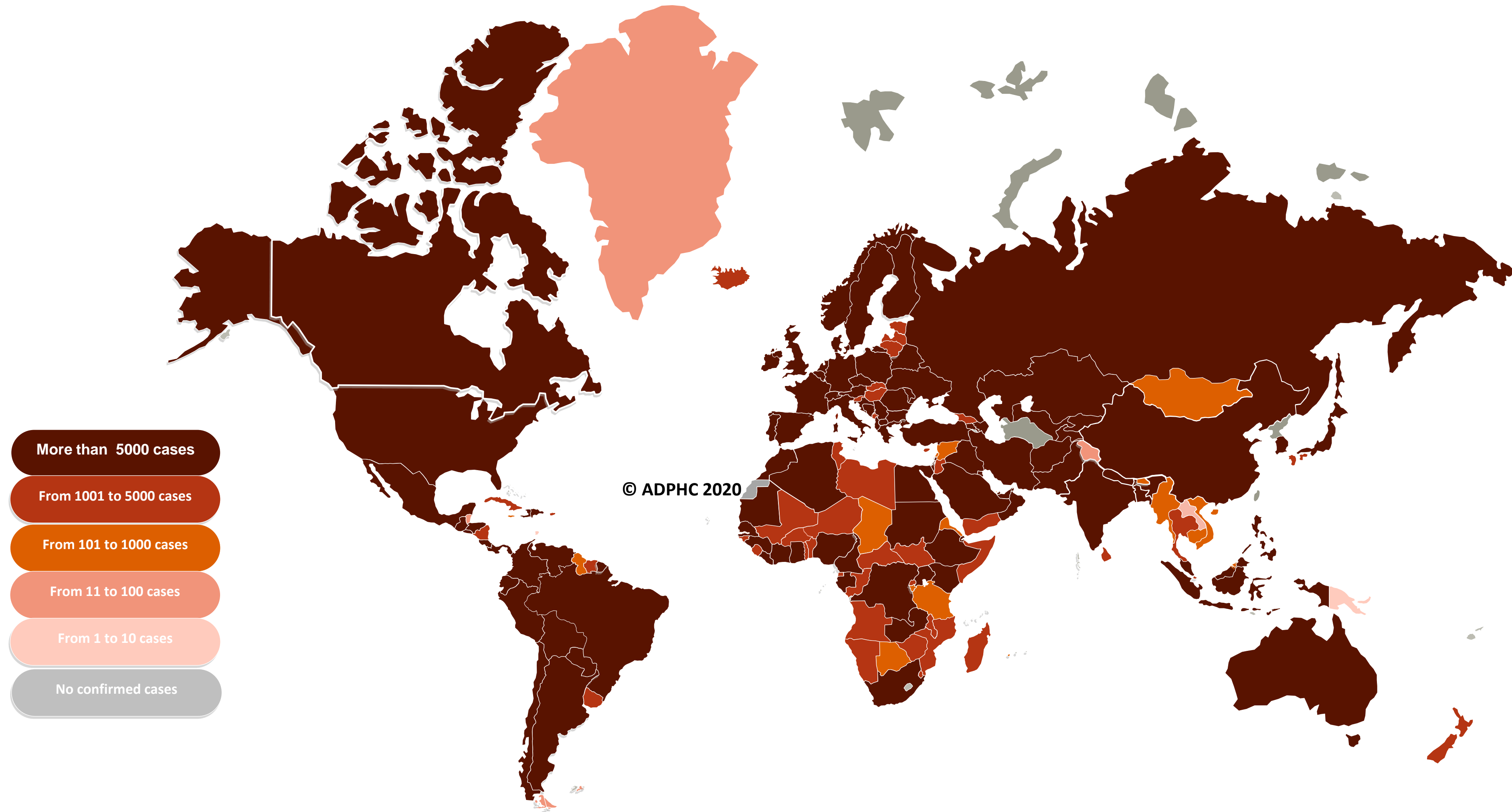


Figure 7A : Global Distribution of COVID-19 Cases



More than 5000 cases

From 1001 to 5000 cases

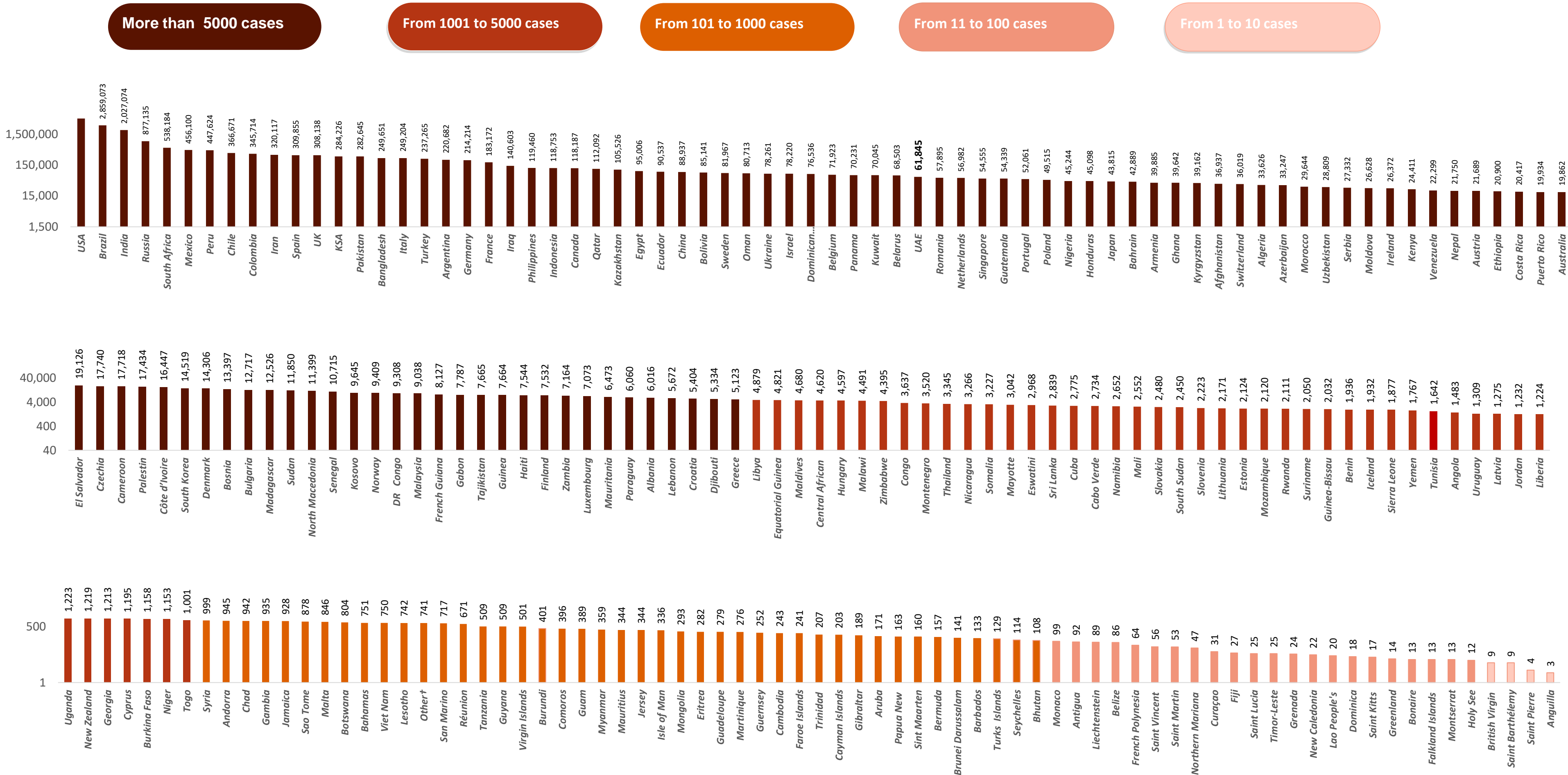
From 101 to 1000 cases

From 11 to 100 cases

From 1 to 10 cases

No confirmed cases

Figure 7B: Bar Chart Illustrates the Global Distribution of COVID19 Cases



Other*: includes cases and deaths reported under the international conveyance(Diamond Princess)

Figure 8: Global Distribution of COVID-19 Cases per Region

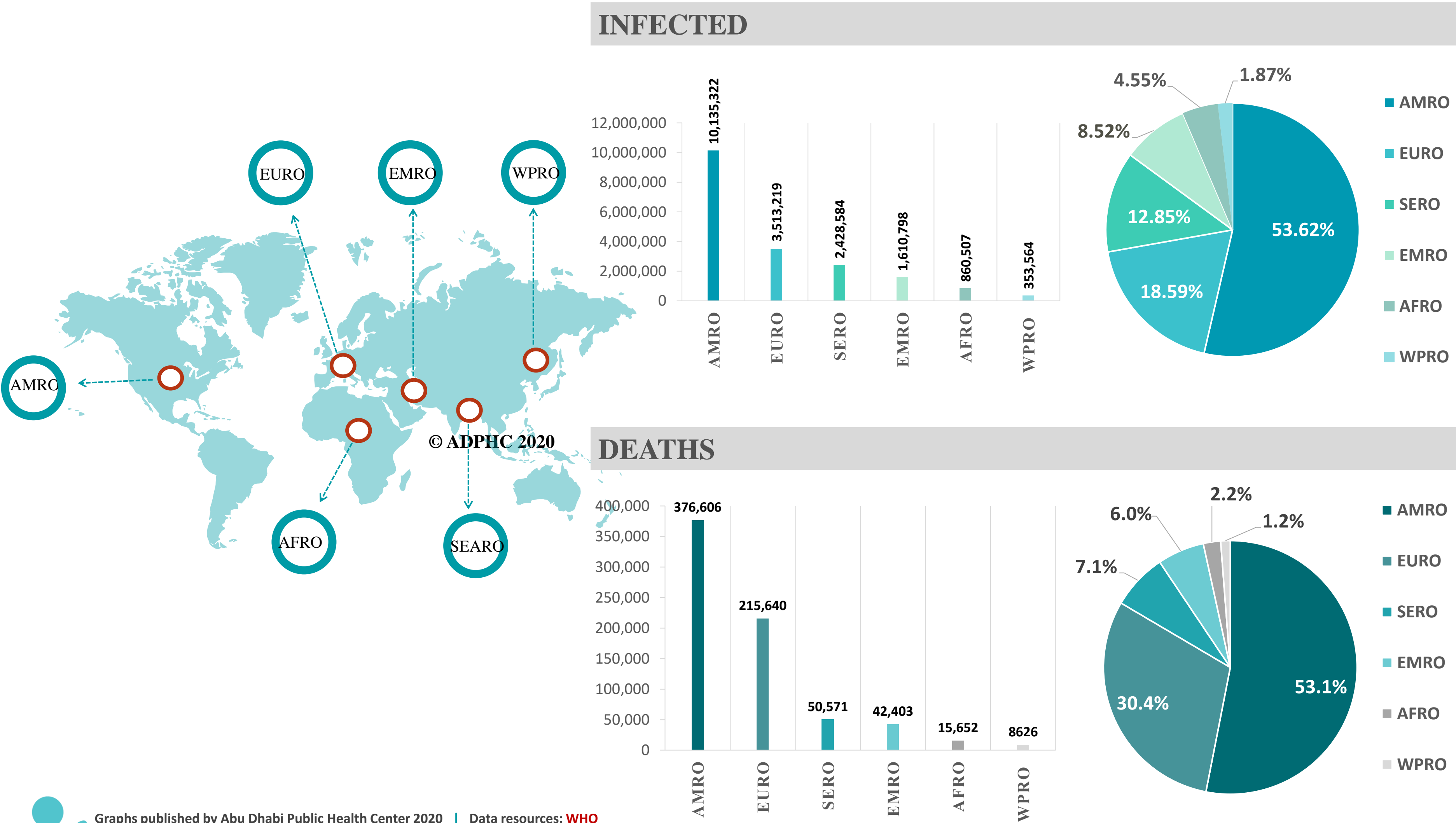
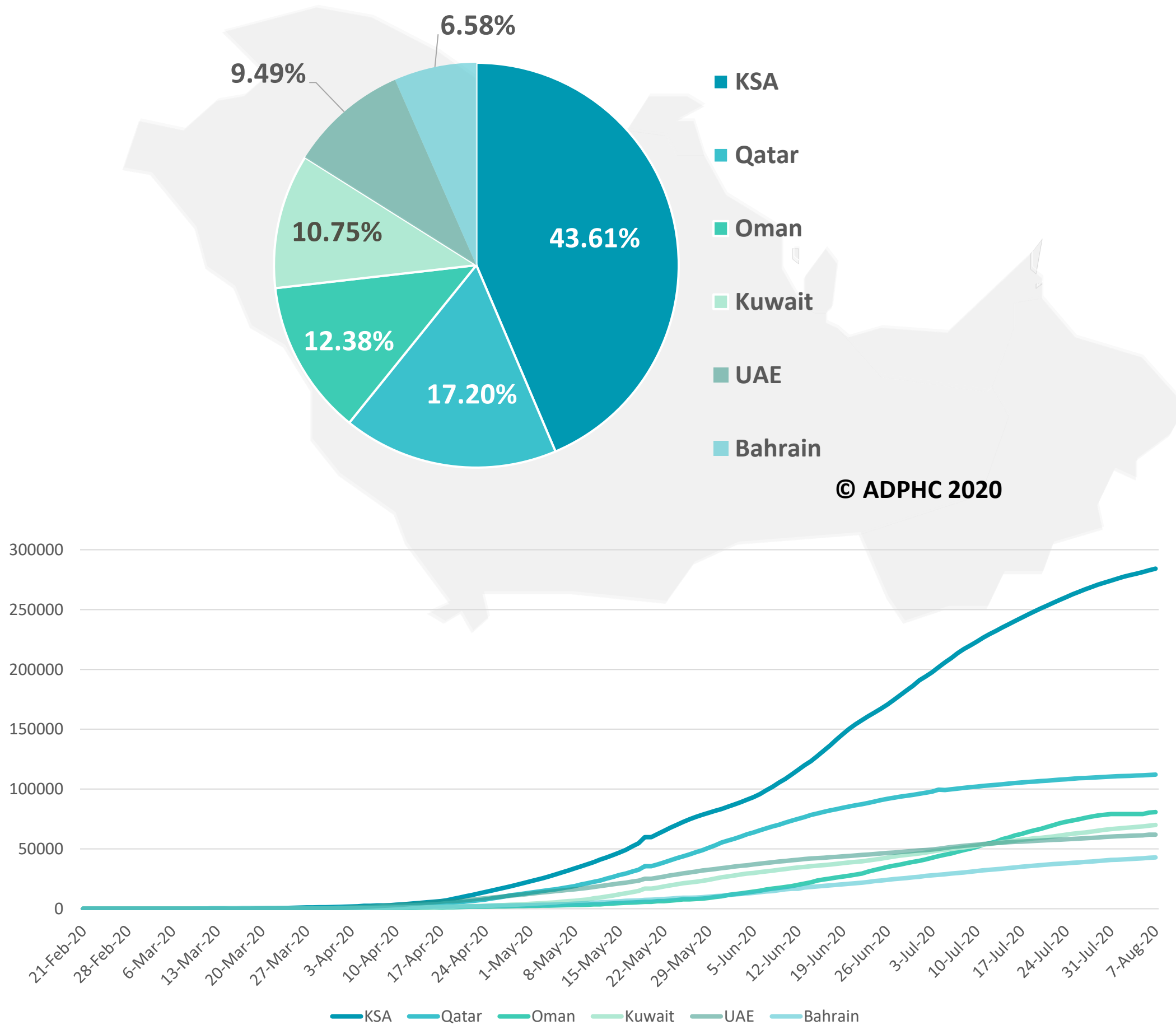
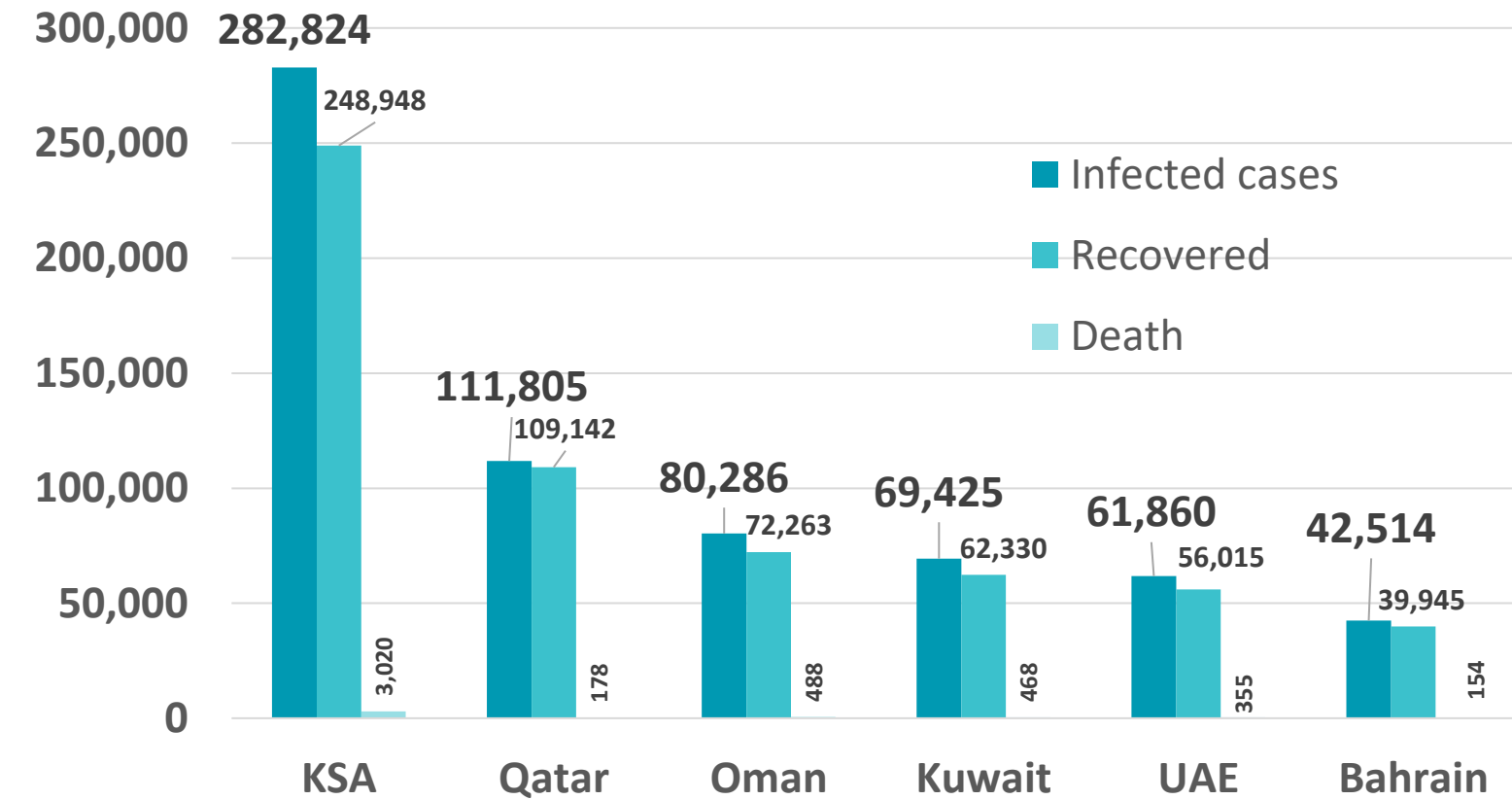


Figure 9: Comparative Analysis of the Distribution of COVID-19 Cases in GCC Countries

TOTAL NUMBER OF INFECTED CASES



TOTAL NUMBER OF INFECTED, RECOVERED AND DEATHS



DEATHS PER MILLION

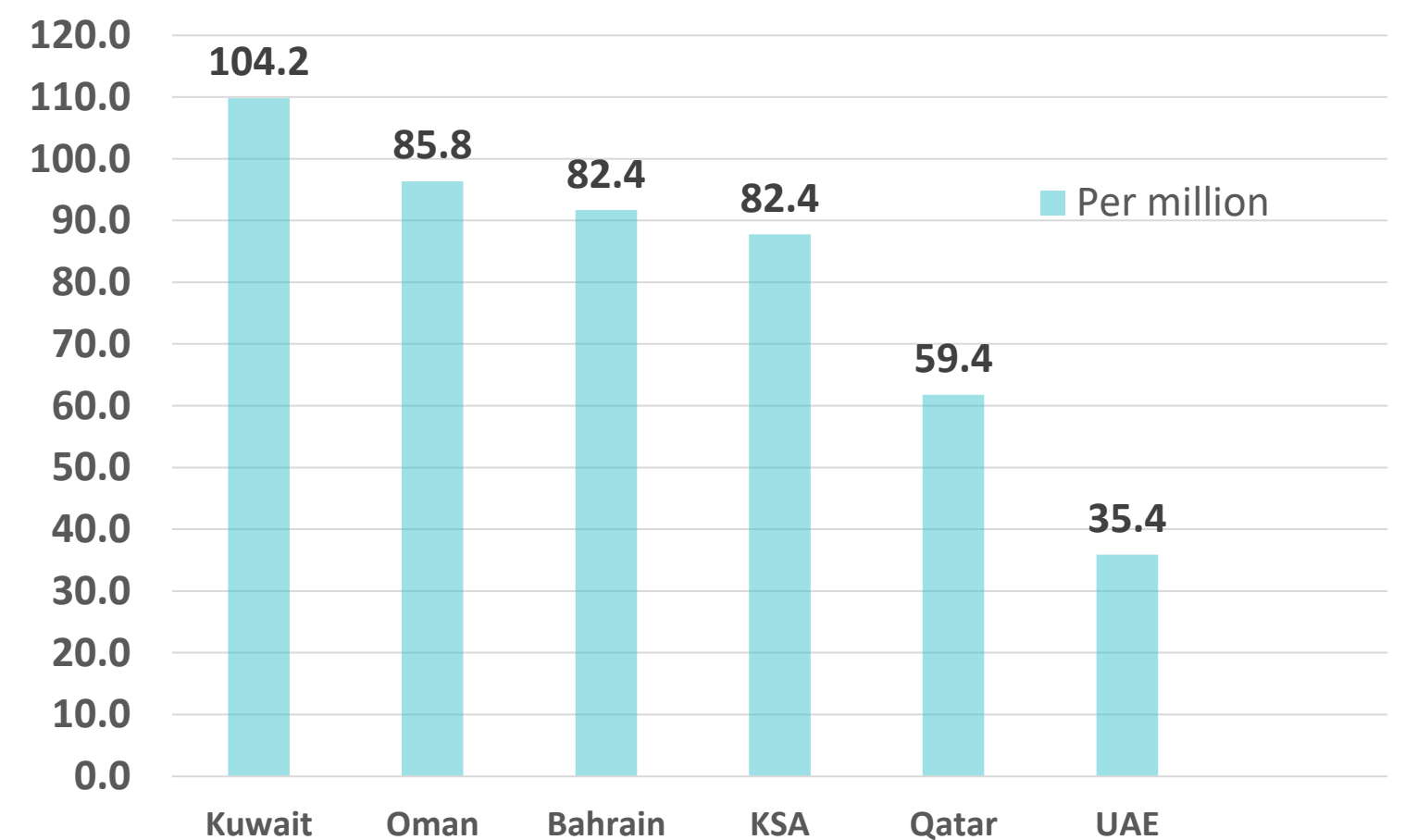


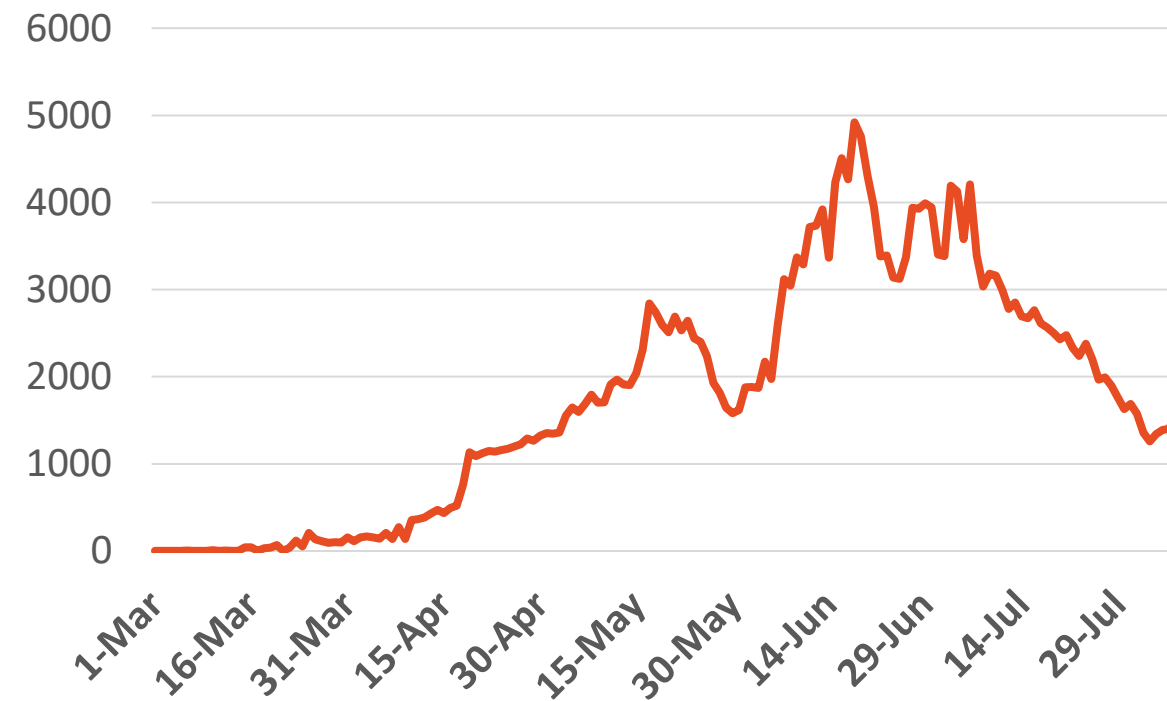
Figure 10: Comparative Analysis of the Distribution of COVID-19 New Cases in GCC Countries

UAE



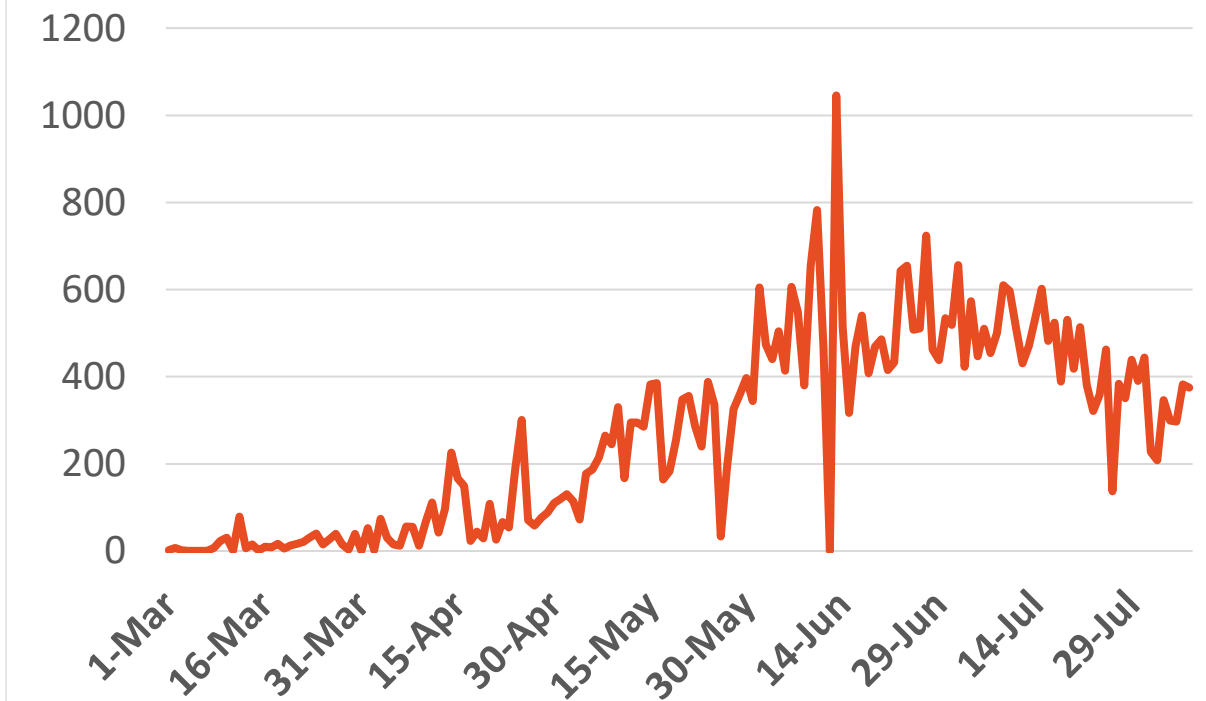
Source : National Emergency Crisis and Disaster Management Authority

KSA



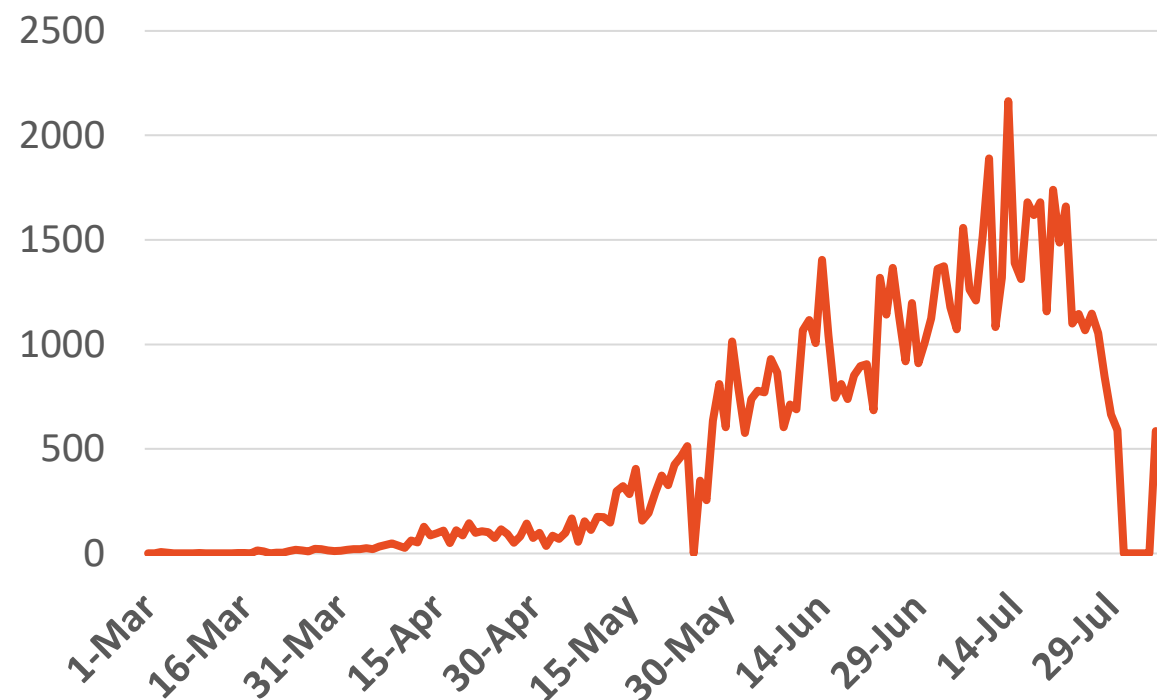
Source : KSA ministry of health

Bahrain



Source :WHO

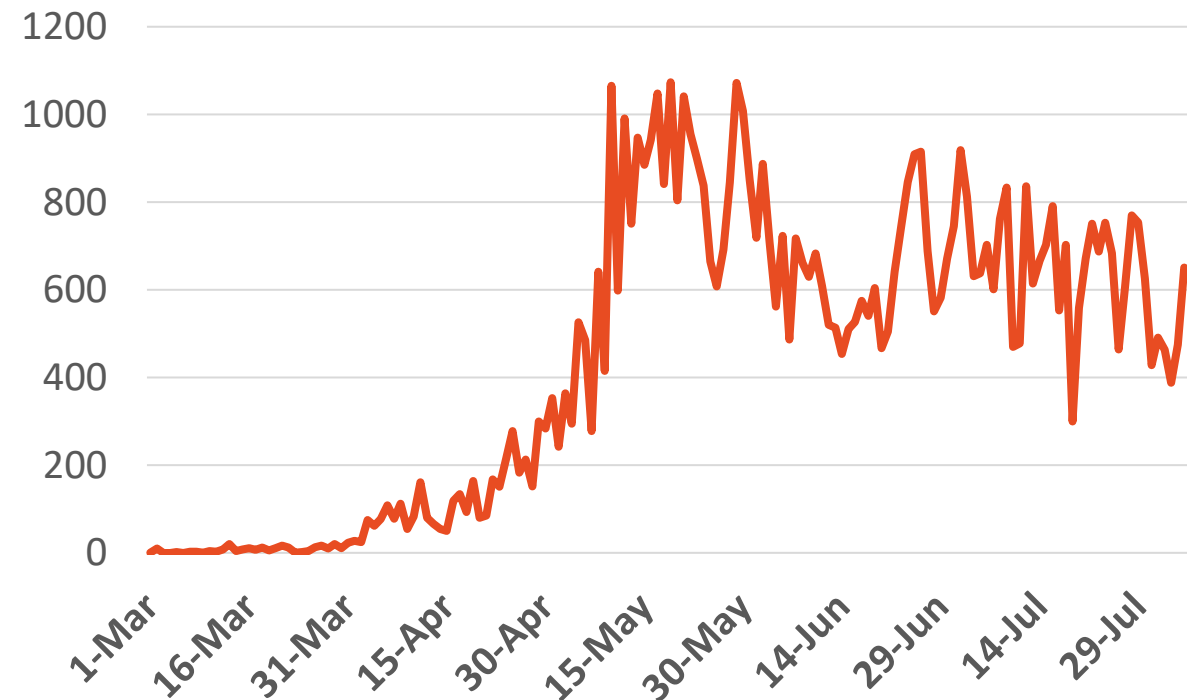
Oman



Source :Oman ministry of health
No announced statistic data from 31 July to 4 August

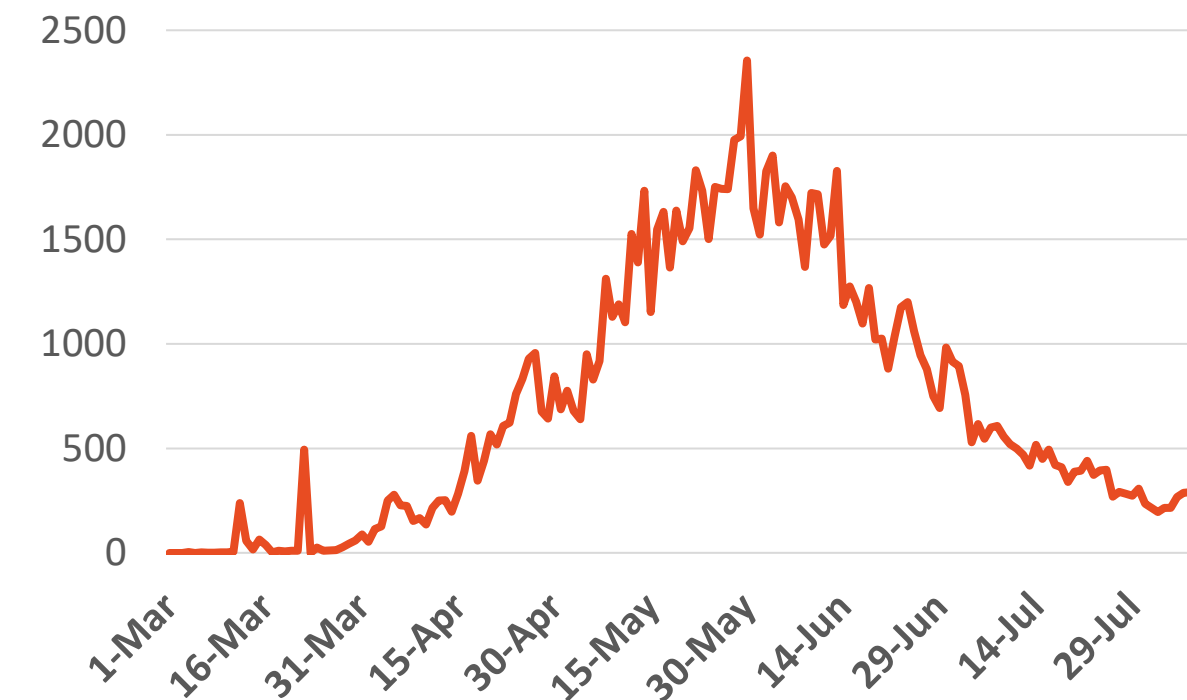
Kuwait

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Source : Kuwait ministry of health

Qatar



Source : Qatar ministry of health

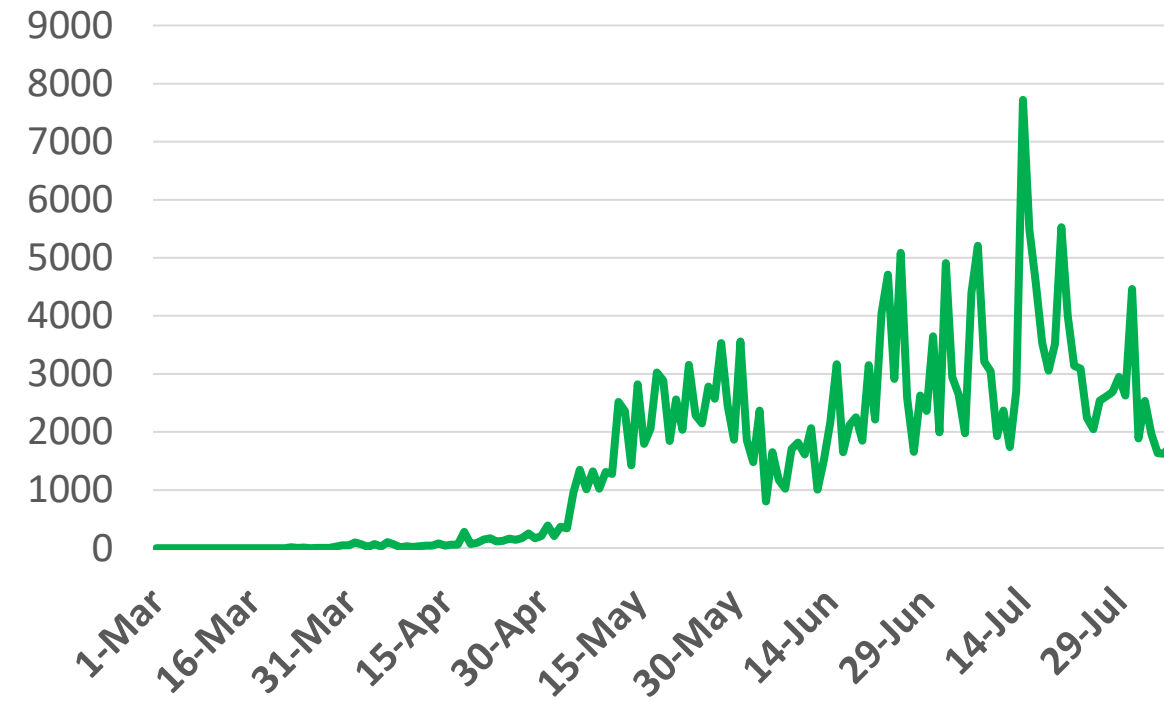
Figure 11: Comparative Analysis of the Distribution of COVID-19 Newly Recovered Cases in GCC Countries

UAE



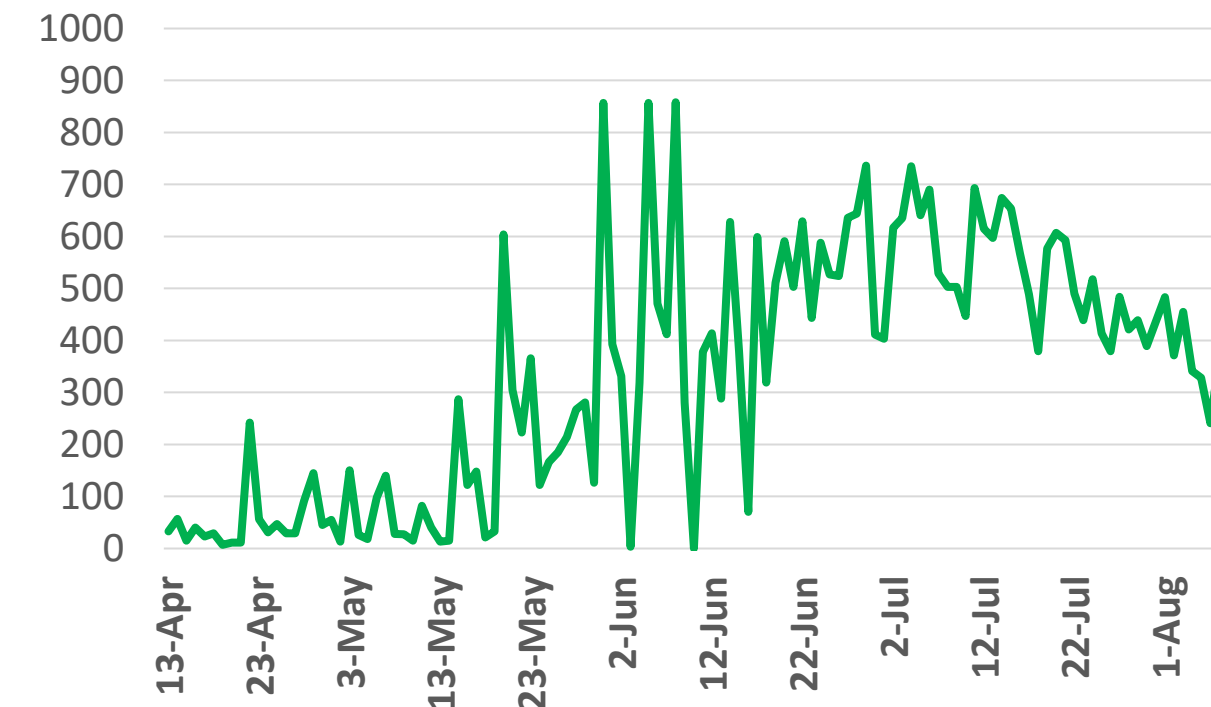
Source : National Emergency Crisis and Disaster Management Authority

KSA



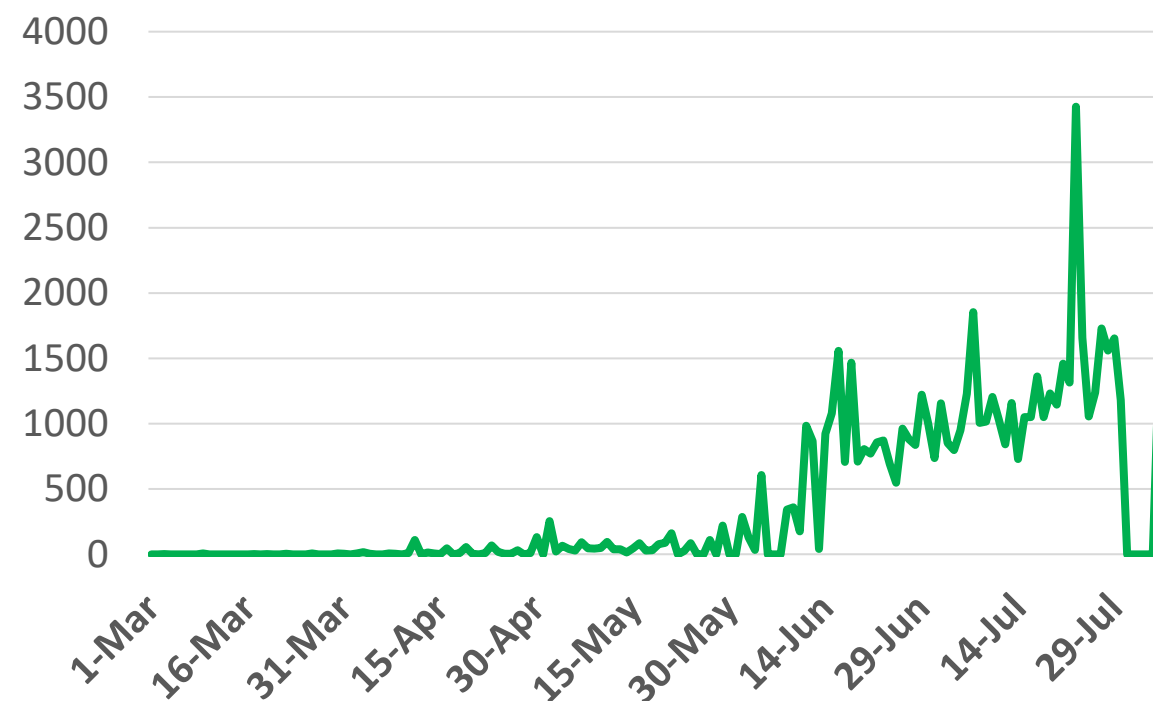
Source : KSA ministry of health

Bahrain



Source : GCCStat

Oman



Source : Oman ministry of health

*No announced statistic data from 31 July to 4 August

Kuwait

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Source : Kuwait ministry of health

Qatar

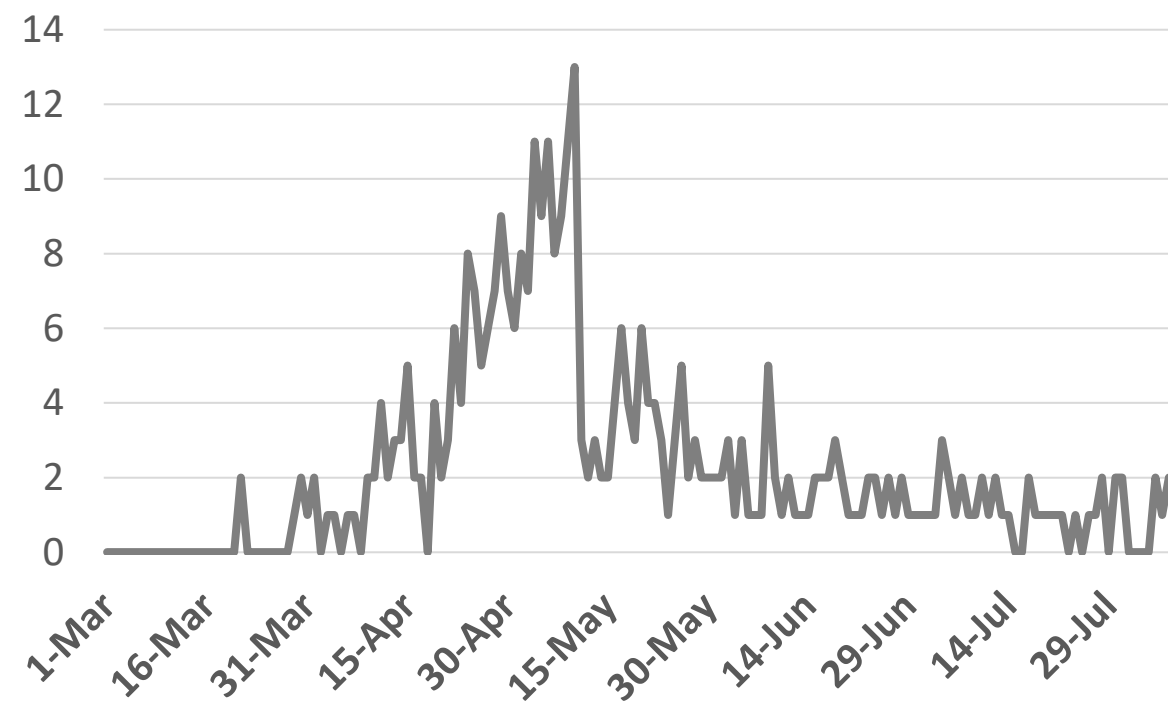


Source : Qatar ministry of health



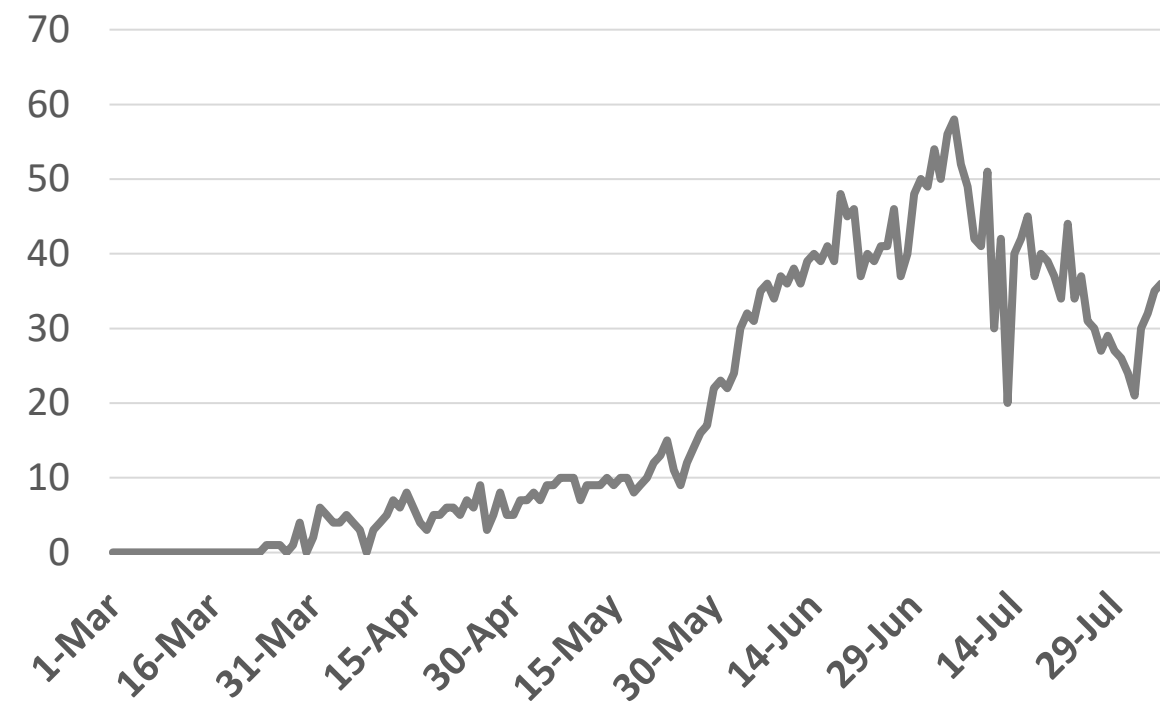
Figure 12: Comparative Analysis of the Distribution of COVID-19 New Death Cases in GCC Countries

UAE



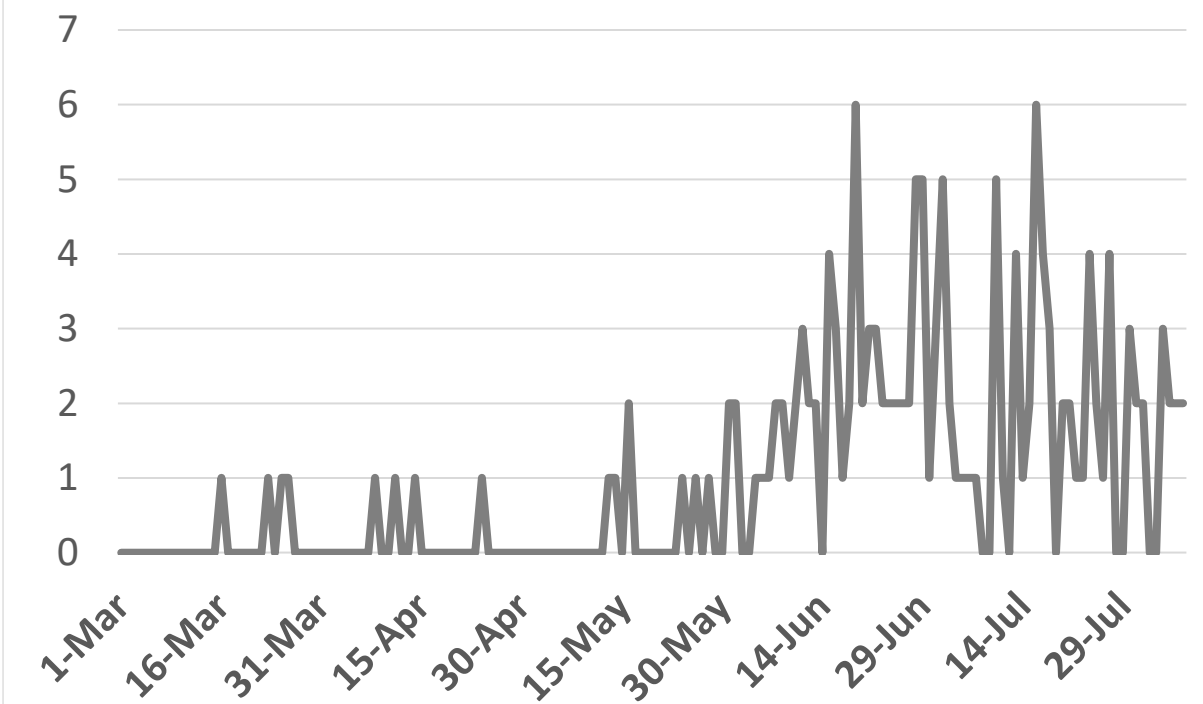
Source : National Emergency Crisis and Disaster Management Authority

KSA



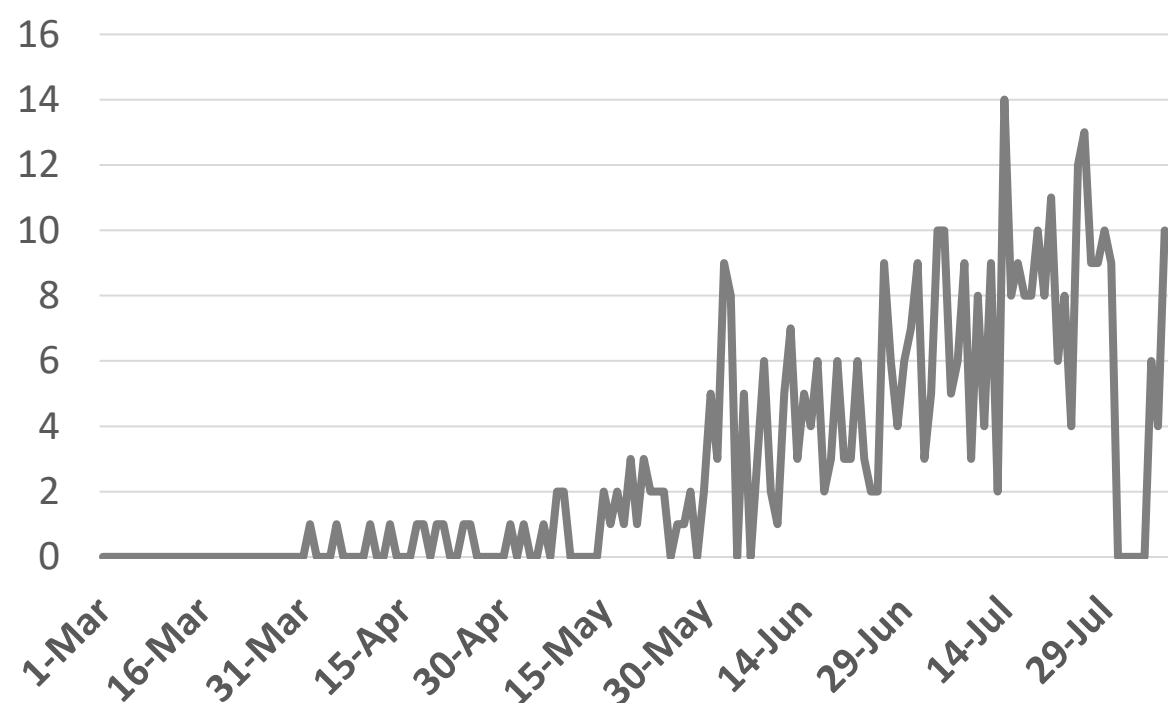
Source : KSA ministry of health

Bahrain



Source :WHO

Oman

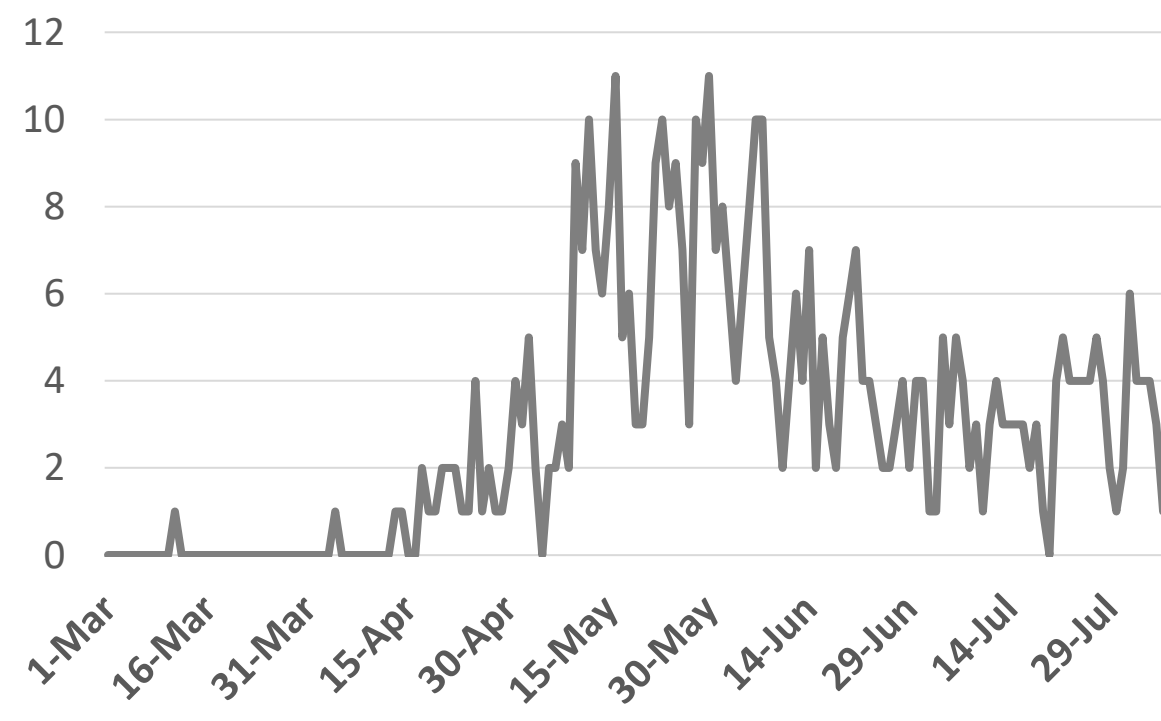


Source :Oman ministry of health

*No announced statistic data from 31 July to 4 August

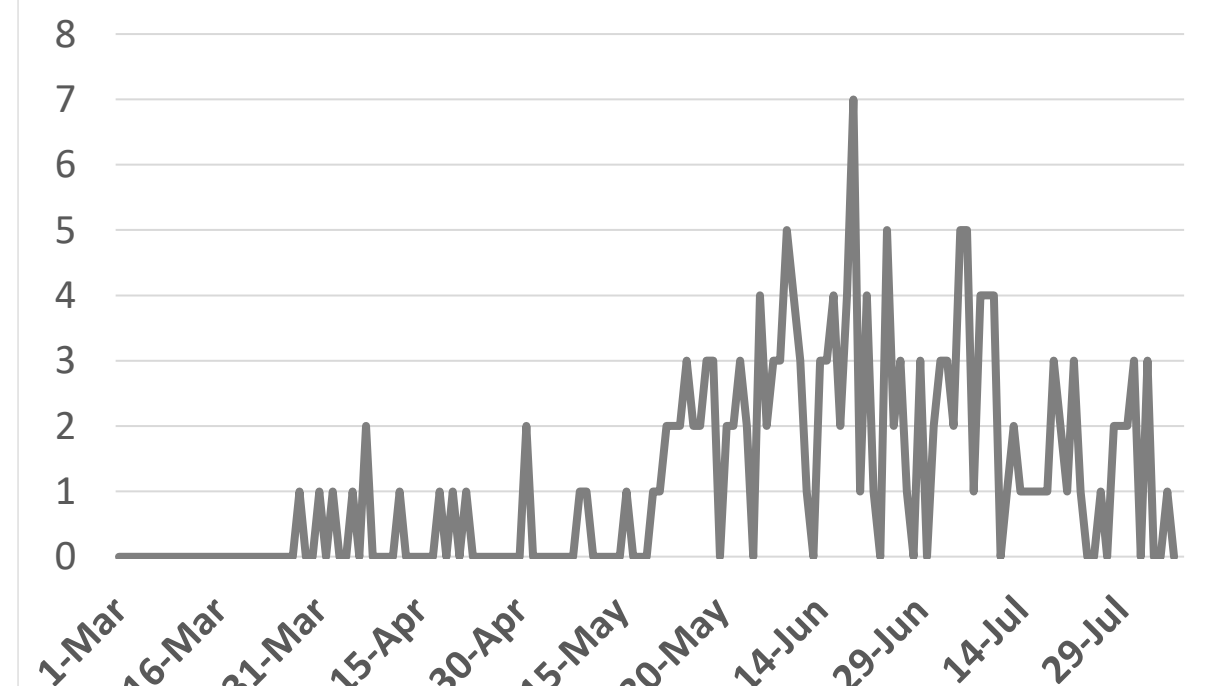
Kuwait

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Source : Kuwait ministry of health

Qatar



Source : Qatar ministry of health

Article 1

Transmission of SARS-CoV-2 in Australian Educational Settings:

Published

3 August 2020 [THE LANCET](#)

A Prospective Cohort Study

- This paper reported SARS-CoV-2 transmission among children and staff in schools and early childhood education and care (ECEC) settings in New South Wales (NSW), Australia.
- From Jan 25 to April 10, 2020, children and adults diagnosed with COVID-19 who attended a school or ECEC while considered infectious (24 hours before symptom onset based on national guidelines during the study period) in NSW were investigated, for onward transmission. All identified school and ECEC close contacts were required for 14 days home quarantine and were monitored and offered SARS-CoV-2 nucleic acid testing if symptomatic.
- There were 12 children, and 15 adults attended in 15 schools and 10 ECEC while infectious, with 1,448 contacts monitored. Of those, 633 (43.7%) had nucleic acid testing or antibody testing or both. Eighteen secondary cases were identified, among total 1,448 (attack rate 1.2%). Five secondary cases (5/914), were identified in three schools (attack rate 0.5%). No secondary transmission occurred in nine out of ten ECEC among 497 contacts. However, thirteen secondary cases (13/37), were identified in one ECEC (attack rate 35.1%). Of those secondary cases, five (28%) were asymptomatic.





Continued

	Sex		Age group						Existing medical condition	Hospitalisation	ICU admission	Total (rate per 100 000 population)
	Male	Female	0 to <5 years	5 to <13 years	13 to ≤18 years	19 to ≤39 years	40 to ≤59 years	≥60 years				
Paediatric cases												
Within school or ECEC	13 (68%)	6 (32%)	9 (47%)	3 (16%)	7 (37%)	..	..	..	5 (26%)	3 (16%)	0	19
Primary case	6 (50%)	6 (50%)	3 (25%)	2 (17%)	7 (58%)	..	..	..	4 (33%)	3 (25%)	0	12
Secondary case	7 (100%)	0	6 (86%)	1 (14%)	0	..	..	..	1 (14%)	0	0	7
Outside school or ECEC	35 (44%)	43 (55%)	11 (14%)	27 (34%)	40 (51%)	..	..	..	9 (12%)	6 (8%)	1 (1%)	78
All	48 (49%)	49 (51%)	21 (21%)	30 (31%)	47 (48%)	..	..	..	14 (14%)	9* (9%)	1 (1%)	97 (5)
Adult cases												
Within school or ECEC	1 (5%)	21 (95%)	..	..	..	12 (55%)	9 (41%)	1 (5%)	4 (18%)	4 (18%)	2 (9%)	22
Primary case	1 (7%)	14 (93%)	..	..	..	8 (53%)	6 (40%)	1 (7%)	3 (20%)	2 (13%)	0	15
Secondary case	0	7 (100%)	..	..	..	4 (57%)	3 (43%)	0	1 (14%)	2 (29%)	2 (29%)	7
Outside school or ECEC	1450 (50%)	1463 (50%)	..	..	..	1156 (40%)	821 (28%)	937 (32%)	849 (29%)	296 (10%)	75 (3%)	2914
All	1451 (49%)	1484 (51%)	..	..	..	1168 (40%)	830 (28%)	938 (32%)	853 (29%)	300 (10%)	77 (3%)	2936 (47)
Data are n (%), unless otherwise stated. ECEC=early childhood education and care setting. ICU=intensive care unit. NSW=New South Wales. * Most were hospitalised early in the epidemic response for isolation purposes only and had mild symptoms.												
Table 1: Demographic and clinical data on all paediatric and adult COVID-19 cases in NSW, Australia, from Jan 13 to May 1, 2020, including links to an educational setting as either a primary or secondary case												

- These results show that where effective case contact testing and epidemic control strategies exist for the population, children and teachers did not contribute significantly to COVID-19 transmission via educational institutions. This study will assist policymakers, health care providers, and the public to understand the risk of COVID-19 occurring in educational institutions and help in decision making around school closure and reopening.



Article 2

Why Vaccine Rumours Stick - and Getting Them Unstuck

Published

1 August 2020 [THE LANCET](#)

- A foundation of trust is necessary to support the acceptance of vaccination. Efforts to improve vaccine confidence will be a steep climb without understanding and addressing trust. It will be the case when COVID-19 vaccines arrive especially given the many new technologies that are being tested and the speed at which they are being developed.
- The method of vaccination decision making is the balance of risk and benefit with uncertainty. The author argued that these are the same elements that create rumours. The challenge is managing the rumours and mitigating purposeful scare tactics while listening for important clues that need further investigation. The signals that call for a deeper understanding not only about why they came about but also why they stick.
- The author reported that the core problem is the relationship problem, not the misinformation problem. The misinformation can be deleted; however, the underlying distrust that has caused it and allowed it to stick remains. The author encouraged the health community and other stakeholders to listen to these rumours and recognize what people are saying. These analyses can reveal deeper issues such as the feeling of being weakened and not being heard.
- To avoid getting stuck before vaccines become available, efforts by health and other sectors, governments, and civil society will be needed to explain what we know and don't know about the vaccines that have been approved for use, their risks and benefits, and the value to individuals and communities that make the case for vaccination.

